

57412

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number **015-001599**

GENERATOR (Generator Must Complete) ② Name ALUMINUM CO. OF AMERICA VERNON WORKS EPA NO. C A D O 7 4 1 2 6 6 8 1 Address 5151 ALCOA AVE. Phone No 588-6141 City, State, Zip VERNON, CA. 90058		③ Designated TSD Facility (Authorized to operate under an approved state program or federal program) Name OPERATING INDUSTRIES INC. EPA NO. C A D O 8 0 0 1 2 0 2 4 Address 900 N. POTRERO GRANDE DR. City, State, Zip MONTEREY PARK, CA.		④ Alternate TSD Facility CHEMICAL WASTE Name MANAGEMENT INC. EPA NO. C A T O 0 0 6 4 6 1 1 7 Address P.O. BOX 1104 430 W. ELM AVE. City, State, Zip COALINGA, CA. 93210	
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⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER:
WASTE					TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS
WASTE					<input type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK
					<input type="checkbox"/> OTHER

⑥ WASTE CATEGORY #7	⑦ EX. HAZ. WASTE PERMIT NO.	⑧ GENERATING PROCESS ALUMINUM FABRICATION
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LIST COMPONENTS: ⑨ A. _____ B. _____ C. _____ D. _____	CONC. UPPER RANGE LOWER UNITS	⑩ WASTE PROPERTIES: pH 7 <input type="checkbox"/> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Corrosive/Irritant <input type="checkbox"/> Reactive <input type="checkbox"/> Sensitizer <input type="checkbox"/> Carcinogen/Mutagen	⑪ PHYSICAL STATE: <input type="checkbox"/> Solid <input checked="" type="checkbox"/> Liquid <input checked="" type="checkbox"/> Sludge <input type="checkbox"/> Slurry <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Other ALUMINUM OXIDES & WATER	⑫ SPECIAL HANDLING INSTRUCTIONS: <input type="checkbox"/> Gloves <input type="checkbox"/> Goggles <input type="checkbox"/> Respirator <input type="checkbox"/> Other _____	⑬ <i>Rudy Rodriguez</i> Signature of Authorized Agent and Title	⑭ 10-9-81 Date Shipped
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GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

TRANSPORTER (HAULER MUST COMPLETE) ⑭ NAME ASBURY OIL CO. EPA NO. C A D O 2 8 2 7 7 0 3 6 ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392 CITY, STATE, ZIP Gardena, California 90249		⑮ PICK-UP DATE 10-9-81 TIME _____ <input type="checkbox"/> AM <input type="checkbox"/> PM ⑯ <i>Jerry</i> Signature of Authorized Agent and Title Date 10-4-81	
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TSD FACILITY (FACILITY-OPERATOR MUST COMPLETE) ⑰ NAME <i>Operating Ind Inc</i> EPA NO. C A T O 0 0 6 4 6 1 1 7 PHONE NO. _____ ⑱ QUANTITY (If Measured) 100 BBL ⑲ STATE FEE (If Any) _____ ⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:	㉑ HANDLING OR DISPOSAL METHOD: <input type="checkbox"/> Surface Impoundment <input checked="" type="checkbox"/> Landfill <input type="checkbox"/> Injection Well <input type="checkbox"/> Land Treatment <input type="checkbox"/> Treatment (Specify) _____ <input type="checkbox"/> Recovery or Reuse <input type="checkbox"/> Storage/Transfer
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㉒ NAME _____ EPA NO. _____	㉓ <i>Chell</i> Signature of Authorized Agent and Title Date Accepted 10-9-81
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ORIGINAL